State of California Department of Consumer Affairs

PHYSICIAN ASSISTANT COMMITTEE
MEDICAL BOARD OF CALIFORNIA
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CHANGE OF NAME FORM

WALL CERTIFICATE AND WALLET RECEIPT

NOTE: If your wall certificate or wallet receipt was lost, stolen or destroyed DO NOT submit this form, complete and submit a Request for Duplicate form.

The Physician Assistant Committee may recognize a name change by a licensee if that name is now his/her new name for ALL purposes and if the change is not made for fraudulent purposes.

FEE: Return this completed form with the following a) the documents requested below b) $20.00 processing fee

NEW NAME (PRINT OR TYPE)	FORMER NAME	TELEPHONE NUMBER

MAILING ADDRESS

NUMBER STREET CITY STATE ZIP+4

LICENSE NUMBER

PA

CHANGE OF ADDRESS?

☐ NO ☐ YES IF YES, YOUR RECORDS WILL BE CHANGED

DATE OF BIRTH

NEW NAME ASSUMED BASED ON (CHECK ONE)

☐ MARRIAGE ☐ DISSOLUTION OF MARRIAGE ☐ COURT ORDER ☐ NATURALIZATION

☐ OTHER (PLEASE SPECIFY): _____

ATTACH TO THIS APPLICATION THE FOLLOWING DOCUMENTS AS APPLICABLE:

☐ COPY OF MARRIAGE CERTIFICATE ☐ COPY OF DISSOLUTION DECREE ☐ COPY OF COURT ORDER

☐ SELF-CERTIFIED STATEMENT ATTESTING TO THE FACT OF NAME CHANGE BY NATURALIZATION

You must apply to the Physician Assistant Committee for a duplicate wall certificate and wallet receipt which will reflect your new name.

Attach a 2 x 2 passport quality photograph of your head and shoulders taken within 60 days of the date of this application in the space provided.

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Physician Assistant Committee, a duplicate of which is requested here.

I hereby certify that the name change is not made for fraudulent purposes and that the attached photograph was taken within 60 days of this application.

SIGNATURE ► DATE

ATTACH PHOTOGRAPH HERE

2 X 2

PASSPORT QUALITY